



Short Term Medical Benefit Attributes

3X4 Standard Plan

Deductibles	\$2,000, \$3,000 or \$5,000
Coinsurance	80%
Out of Pocket Maximum	\$15,000
Period Maximum Benefit	\$100,000; \$250,000; \$500,000; \$1,000,000
GP Office Visit Copay	Subject to Deductible & Coinsurance
SPC Office Visit Copay	Subject to Deductible & Coinsurance
Urgent Care Copay	Subject to Deductible & Coinsurance
Generic Drugs	See Tier 2 Prescription Benefits
Brand Drugs	After \$500 RX Deductible: Tier 2 Preferred Brand \$50 Non-Preferred Brand \$75 No Specialty Drugs
Emergency Room Deductible	\$350 Plus Deductible & Coinsurance
Outpatient Surgical Facility Deductible	\$0, Applies to Deductible & Coinsurance
Inpatient Admission Deductible	\$0, Applies to Deductible & Coinsurance
Ground Ambulance	\$1,000 per trip
Air Ambulance	\$2,500 per trip
Home Health Care	40 visits, max 1 visit per day
Hospice	\$2,000 per coverage period
Skilled Nursing	60 days
Extended Care	60 days
DME	\$500
Athletic Injury	Same as any other illness/accident
Physical Therapy	\$50 per visit; 20 visit max
Mental Illness	Outpatient: \$50 per visit; 10 visit max; Inpatient: \$100 per day, 31 day max

Benefit Rules & Limitations

GP, SPC & Urgent Care Office Visit Copay—combined will not exceed 3 visits per Coverage Period. Visits in excess of the maximum of 3 visits per Coverage Period will be subject to the Deductible and Coinsurance.

Services limited to E&M codes, all other charges subject to deductible and coinsurance.

Emergency Room Deductible—must be for life threatening services or standard deductible and coinsurance apply.

Outpatient Surgical Facility Deductible—per bill deductible, applied to the facility bill.

Pre-X Expense Allowance—50% of deductible amount of each specific plan.